

COUNTY OF SAN LUIS OBISPO ENVIRONMENTAL HEALTH SERVICES

STORAGE/RESERVOIR DATA

Use for all distribution storage tanks, chlorine contact tanks, storage reservoirs, etc.

System Name _____ System No. _____

Source of information _____

Collected By _____ Date _____

Storage Number or Name:		
Location:		
Cross Streets		
Neighborhood		
Fencing		
Size of lot		
Construction:		
Date constructed/Refurbished		
Purpose (Storage, Chlorine contact, etc)		
Design Capacity		
Operating Capacity		
Construction Material		
Sides		
Floor		
Cover or roof		
Type of interior coating		
Height of tank		
Dimensions (H & Diameter) (feet)		
Ventilation		
Screening		
Inlet and Outlet Arrangement:		
Inlet: Location		
Distance above bottom		
Outlet: Distance from inlet (feet)		
Distance above bottom		
Delivers water to		
Pressure zone served		
Sewer or other hazardous connection (provide sketch)		
Estimate max. storage time		
Drain Location:		
Distance above floor (feet)		
Discharge Location		
Overflow Location:		
Overflow Elevation (feet)		
Distance above bottom (feet)		
Discharge Location		
Remarks: (Include statements on cleaning practices, condition of structure and roof, dimensions and shape of reservoir, leakage, type and location of access openings, protection against insects, birds and rodents.		